T/C 75 **X** New

Print Services Work Order Requisition/Authorization Agreement te in Shaded Areas Information / Scheduling (206) 205-8542 / Fax 205-8544

King County
Information and

Do Not Write in Shaded Areas

Telecommunications Services Division

Work Authorization Number		ARMS Requestor's Coding Block >>> Charge numbers are Dept. Name									
Contact Person					5526	0					
				Coding Block							
Phone No. Fax No.			Serv. ORG Descr. Print Shop/Copy Cente			Jnit Accou	nt. F 4860	Project			
Mail Stop	ı	$\neg \Box$	OR								
	IBIS R		or's Coding B		► Charge numb			oroduction may be Sub Project Grant	egin Bond		
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Total Paper Copies Wanted Size □		□ 8¹/2x11 □ 8¹	8¹/2x11 □ 8¹/2x14 □ 11x17 □ Other						□Tabs		
No. of Originals Weight		nt	□ White □ Color Brand Name						# of banks		
☐ Sent over Network Type ☐		☐ Bond ☐ Text	Bond □ Text □ Cover □ Other						# of tabs		
Date	☐ Carbonless: #	Carbonless: # of parts Color Sequence						Color Color			
By	Black ☐ Color(s	ack \square Color(s)						☐ Divider inserts			
□ Negs Supplied/Date □ Proof Copy Required	☐ Single side ☐	le side \square Both sides – head to head \square Both sides – head to toe (flip)						─ Color □ See Special Instructions			
			В	INDER	Y						
□ Pad Shts/p	oer – Starting with nate										
□ Daufauata □ Caaua		- show no. & locat Bind – for faster ti									
□ Collate □ Fold □ Comb Bir						8 ¹ /:	2" x 14"		11" × 17"		
☐ Staple ☐ Cut/Trim ☐ Other ☐ Stitch											
DELIVERY A	DDRESS			SPECI		STRUC	TIONS				
☐ Delivery Required –					AL IN		IIONO				
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Trequestor 3 Authorized Olgridate	116		Date	Account	ing Apploval				Date		
Servicer's Authorized Signature			Date	Project \$	Estimate		the right to	revise estimate	oximations, print sho es due to changing m s, customer alteratio	aterial costs,	
	PRO	DUCTION	cos	TS - PRI	NTSH	OP USE	ONLY	7			
Negatives @	=	Camera	@			No. of Originals	No. of Copies	Charge per Copy (single sided)	Charge per Copy (double sided)	Sub-Total	
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ARMS 100-2-U1 Fillable PDF F	orm (Rev. 10/01)										